

VULNERABLE ADULTS SAFEGUARDING POLICY

Document Control

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Introduction and Policy Statement

Culturalinks Community CIC is committed to creating and maintaining a safe and positive environment for all vulnerable adults who participate in our services and activities. We acknowledge our responsibility to safeguard the welfare of all adults at risk involved with our organization.

This policy outlines the procedures, systems and framework that Culturalinks Community CIC has established to protect vulnerable adults from harm. We recognize that some adults are at increased risk of abuse and neglect due to their life circumstances or experiences. This policy gives particular consideration to the needs of refugees, asylum seekers, and migrants who may face specific vulnerabilities due to their circumstances, experiences of trauma, language barriers, or cultural differences.

Culturalinks Community CIC will ensure that decisions made will allow adults to maintain control over their lives and make informed choices without coercion. We will work in partnership with other agencies to prevent and reduce risk of harm to adults at risk.

Legal Framework

This policy has been developed in accordance with the principles established by the following legislation and guidance:

- Care Act 2014
- Mental Capacity Act 2005
- Human Rights Act 1998
- Safeguarding Vulnerable Groups Act 2006
- Equality Act 2010
- Protection of Freedoms Act 2012
- Sexual Offences Act 2003
- Data Protection Act 2018 and UK GDPR
- Modern Slavery Act 2015
- Counter-Terrorism and Security Act 2015
- Domestic Abuse Act 2021

Scope

This policy applies to:

- All staff and volunteers working within Culturalinks Community CIC
- Board members and trustees
- Contractors and consultants
- Partner organizations
- Anyone working on behalf of Culturalinks Community CIC

It covers all activities undertaken by Culturalinks Community CIC involving vulnerable adults, including but not limited to:

- Online events and projects
- In-person activities and services
- Any service designed for or accessed by vulnerable adults
- Any situation where staff may come into contact with vulnerable adults as part of their work

Definitions

Adult at Risk (Vulnerable Adult)

An adult at risk is any person aged 18 or over who:

- Has needs for care and support (whether or not these are being met)
- Is experiencing, or is at risk of, abuse or neglect
- As a result of those needs, is unable to protect themselves against the abuse or neglect or the risk of it

This may include adults who:

- Have learning disabilities
- Have mental health problems
- Have physical disabilities
- Have sensory impairments
- Are older adults with support needs
- Misuse substances or alcohol
- Are refugees or asylum seekers with support needs
- Are experiencing homelessness
- Have experienced trauma
- Have language barriers or communication difficulties

Safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organizations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted.

Abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons. It can consist of a single act or repeated acts. It may be physical, verbal or psychological, an act of neglect or omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not consented, or cannot consent. Abuse can occur in any relationship.

Roles and Responsibilities

Board of Directors

- Hold ultimate responsibility for safeguarding within Culturalinks Community CIC
- Ensure adequate resources for effective implementation of this policy
- Review the policy annually and when incidents occur
- Receive regular reports on safeguarding issues and concerns

Designated Safeguarding Lead (DSL)

- [INSERT NAME AND CONTACT DETAILS]
- Acts as the main point of contact for all safeguarding concerns
- Ensures referrals to appropriate agencies when necessary
- Maintains secure records of concerns and actions taken
- Coordinates safeguarding training for all staff
- Provides advice and support to staff on safeguarding matters
- Keeps up to date with changes in legislation and best practice

Deputy Designated Safeguarding Lead

- [INSERT NAME AND CONTACT DETAILS]
- Supports the DSL and acts in their absence

All Staff and Volunteers

- Understand and comply with this Safeguarding Policy
- Attend mandatory safeguarding training
- Report any concerns about an adult's welfare without delay
- Maintain appropriate professional boundaries with service users
- Promote a culture of dignity and respect

Principles of Safeguarding Adults

Culturalinks Community CIC adheres to the six key principles that underpin all adult safeguarding work:

1. **Empowerment:** People being supported and encouraged to make their own decisions and give informed consent.
 - "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
2. **Prevention:** It is better to take action before harm occurs.
 - "I receive clear and simple information about what abuse is, how to recognize the signs and what I can do to seek help."
3. **Proportionality:** The least intrusive response appropriate to the risk presented.
 - "I am sure that the professionals will work in my interest, and they will only get involved as much as needed."
4. **Protection:** Support and representation for those in greatest need.
 - "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
5. **Partnership:** Local solutions through services working with their communities.
 - "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
6. **Accountability:** Accountability and transparency in safeguarding practice.
 - "I understand the role of everyone involved in my life and so do they."

Mental Capacity

The Mental Capacity Act 2005 (MCA) states that every individual has the right to make their own decisions and provides the framework for this to happen. This policy recognises that:

- All adults have the right to make their own decisions if they have the capacity to do so
- Capacity is decision and time specific
- Adults may have capacity to make some decisions but not others
- Adults should be given all appropriate help and support to make decisions
- Adults can only be assessed as lacking capacity to make a specific decision at a specific time
- When a person lacks capacity to make a decision, any action taken must be in their best interests
- Anything done for or on behalf of a person who lacks capacity must be the least restrictive of their basic rights and freedoms

Culturalinks staff will:

- Presume that adults have capacity to make decisions unless it is established otherwise

- Take all practical steps to help adults make their own decisions
- Recognize that a person has the right to make unwise decisions
- Only act in the best interests of the person lacking capacity
- Ensure that when acting for someone lacking capacity, we choose the least restrictive option

Categories of Abuse

Physical Abuse

Including:

- Assault, hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate physical sanctions

Domestic Violence

Including:

- Psychological, physical, sexual, financial, emotional abuse
- So-called 'honour' based violence
- Coercive and controlling behavior

Sexual Abuse

Including:

- Rape, indecent exposure, sexual harassment, inappropriate looking or touching
- Sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts
- Sexual assault, sexual acts to which the adult has not consented or was pressured into consenting

Psychological Abuse

Including:

- Emotional abuse, threats of harm or abandonment, deprivation of contact
- Humiliation, blaming, controlling, intimidation, coercion, harassment
- Verbal abuse, cyber bullying, isolation
- Unreasonable and unjustified withdrawal of services or supportive networks

Financial or Material Abuse

Including:

- Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements
- Misuse or misappropriation of property, possessions, or benefits

Modern Slavery

Including:

- Slavery, human trafficking, forced labor and domestic servitude
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Discriminatory Abuse

Including:

- Harassment, slurs or similar treatment based on a person's race, gender and gender identity, age, disability, sexual orientation, or religion

Organisational Abuse

Including:

- Neglect and poor care practice within an institution or specific care setting
- Poor professional practice in an institution or care setting
- May range from one-off incidents to ongoing ill-treatment

Neglect and Acts of Omission

Including:

- Ignoring medical, emotional, or physical care needs
- Failure to provide access to appropriate health, care, and support or educational services
- The withholding of the necessities of life, such as medication, adequate nutrition, and heating

Self-neglect

Including:

- Neglecting to care for one's personal hygiene, health, or surroundings
- Behavior such as hoarding

Radicalisation

Including:

- Process by which a person comes to support terrorism and extremist ideologies
- May be groomed by another person, or self-radicalisation through access to extremist materials

Recognition of Abuse

Signs and indicators of abuse may include (but are not limited to):

Physical

- Unexplained injuries, bruises, or burns
- Untreated injuries
- Poor physical condition, e.g., malnutrition, dehydration
- Changes in behavior or mood
- Withdrawn behavior
- Flinching when approached
- Self-harm

Psychological

- Anxiety, depression
- Withdrawn behavior
- Low self-esteem
- Sleep disturbances
- Fearfulness of specific individuals
- Change in appetite
- Confusion or disorientation

Financial

- Missing personal possessions
- Unexplained withdrawal of funds
- Inability to pay bills/unexplained shortage of money
- Unusual or inappropriate banking activity
- Reluctance to discuss financial matters
- Isolation from family and friends

Neglect

- Poor environmental conditions
- Inadequate heating and lighting
- Poor physical condition of the person
- Clothing is ill-fitting, unclean, and in poor condition
- Malnutrition
- Untreated injuries and medical problems

Specific Indicators in Refugee, Asylum Seeker and Migrant Populations

- Isolation from community
- Reluctance to seek help due to fear of deportation
- Signs of trauma (PTSD)
- Multiple/unclear identity documents
- Living in poor or overcrowded conditions
- Working in poor conditions with no contract
- Limited English proficiency, reliance on others to communicate

Responding to Disclosures and Concerns

If a member of staff or volunteer has concerns about a vulnerable adult or receives a disclosure:

Do:

- Remain calm and non-judgmental
- Listen carefully and take the person seriously
- Use open questions if necessary to clarify (Tell, Explain, Describe)
- Reassure the person they have done the right thing in telling you
- Explain what you will do next
- Make a written record as soon as possible
- Report to the Designated Safeguarding Lead without delay

Don't:

- Promise confidentiality when you may need to share information
- Ask leading or closed questions
- Rush the person
- Express shock or disbelief
- Make assumptions or speculate
- Make negative comments about the alleged abuser
- Make promises you cannot keep
- Delay reporting the abuse

Reporting Procedures

If a vulnerable adult is in immediate danger:

1. Contact emergency services (police, ambulance) on 999
2. Inform the Designated Safeguarding Lead as soon as possible

If there is no immediate danger:

1. Record the concern using the Safeguarding Concern Form (Appendix A)
2. Report to the Designated Safeguarding Lead within 24 hours
3. The DSL will:
 - Assess the situation
 - Consider the vulnerable adult's wishes
 - Determine if consent is needed and/or has been given for referral
 - Decide on appropriate action:
 - No further action but continue to monitor
 - Seek advice from Adult Social Care
 - Make a formal referral to Adult Social Care
 - Contact the police if a crime has been committed

Contact Details

- Local Authority Adult Social Care: Somerset County Council, 0300 123 2224 or email adults@somerset.gov.uk
- Police: 101 (non-emergency) or 999 (emergency)
- Adult Safeguarding Team: Adult Social Care Team on 0300 123 2224 · Email adults@somerset.gov.uk

Recording and Information Sharing

Good record keeping is essential in safeguarding adults. Records should:

- Be factual, accurate, concise, and contemporaneous
- Include date, time, place, and context of disclosure or concern
- Include the adult's own words where relevant
- Include details of any advice sought and decisions made
- Be signed, dated, and stored securely in line with data protection requirements

Information Sharing Principles:

- Share information with consent where possible
- Consider safety and wellbeing when deciding whether to share information
- Ensure information sharing is necessary, proportionate, relevant, accurate, timely, and secure
- Record decisions about sharing information and the reasons for it
- Follow organization policies, legal guidance, and professional codes when sharing information

Consent and Confidentiality

Working with adults requires a different approach to safeguarding children, as adults have the right to make their own decisions:

- Always seek the consent of the adult before taking action or sharing information
- Respect their right to refuse intervention even if this leaves them at risk of harm
- Exceptions to confidentiality exist when:
 - The adult lacks mental capacity to make the decision
 - Others are at risk, including children
 - A serious crime has been or may be committed
 - There is a public interest, e.g., staff member involved
 - There is a legal duty to share information, e.g., Crime and Disorder Act
 - The person is at serious risk of harm

Where information needs to be shared without consent, the reasons must be documented.

Safe Recruitment and Staff Support

Culturalinks Community CIC is committed to safer recruitment practices to ensure all staff and volunteers are suitable to work with vulnerable adults:

- All staff and volunteers in relevant roles will undergo appropriate background checks, including DBS checks where eligible
- Two references will be required for all positions
- Interviews will include safeguarding questions to explore candidates' values and attitudes
- All staff will have a probationary period with regular reviews
- Regular supervision will be provided to support staff and address any concerns
- Job descriptions will clearly state safeguarding responsibilities

Training

Culturalinks Community CIC is committed to providing appropriate training to ensure all staff and volunteers understand their safeguarding responsibilities:

- All staff and volunteers will receive basic safeguarding awareness training during induction
- Those with direct responsibility for vulnerable adults will receive enhanced safeguarding training
- The Designated Safeguarding Lead and Deputy will undergo specialist training
- Refresher training will be provided at least every two years
- Additional training will be provided on specific issues affecting refugee, asylum seeker, and migrant adults
- Cultural sensitivity training will be provided to staff working with adults from diverse backgrounds
- Training records will be maintained

Managing Allegations Against Staff

Any allegation against staff or volunteers must be taken seriously and handled appropriately:

1. The allegation should be reported immediately to the Designated Safeguarding Lead
2. If the allegation concerns the DSL, it should be reported to the Board Chair
3. The DSL (or Chair) will consult with the Local Authority Designated Adult Safeguarding Manager
4. The individual may be suspended pending investigation if necessary
5. Support will be provided to both the alleged victim and the subject of allegations
6. Confidentiality will be maintained throughout the process
7. Records will be kept of all stages of investigation
8. Disciplinary procedures will be followed where appropriate
9. Referrals to DBS and professional bodies will be made if required
10. The outcome will be communicated appropriately

Whistleblowing

Culturalinks Community CIC encourages a culture where staff and volunteers feel able to raise concerns about poor or unsafe practice:

- Staff and volunteers have a responsibility to report concerns about poor practice
- Those who raise genuine concerns will be protected from reprisals
- Concerns should be raised with the DSL or Board Chair
- If these routes are inappropriate, external reporting options include:
 - Care Quality Commission
 - Local Authority Adult Safeguarding Team
 - Police
- Anonymous reports will be taken seriously but may be more difficult to investigate

Special Considerations for Refugee, Asylum Seeker and Migrant Adults

Culturalinks Community CIC recognises the specific vulnerabilities that may affect refugee, asylum-seeking, and migrant adults:

- Staff will receive specific training on the challenges facing these populations

- Translation and interpretation services will be available when needed
- Understanding of different cultural practices while maintaining UK safeguarding standards
- Recognition of potential trauma experiences and appropriate trauma-informed approaches
- Awareness of possible exploitation, trafficking, or modern slavery indicators
- Support for adults with uncertain immigration status
- Liaison with specialist refugee support organizations
- Cultural mediators may be used where appropriate
- Awareness of possible reluctance to engage with authorities due to fear of deportation
- Recognition of increased vulnerability due to language barriers, isolation, and lack of support networks

Online Safety

Culturalinks Community CIC recognizes the importance of online safety:

- All online activities will be risk-assessed
- Staff will receive training on online safety
- Appropriate filtering and monitoring systems will be used for Culturalinks online platforms
- Guidelines will be provided about expected online behaviour
- Online sessions will be properly supervised
- Recording of online sessions will only occur with appropriate consent and safeguards
- Online platforms used will have appropriate privacy settings
- Special consideration will be given to vulnerable adults who may be less familiar with technology
- Support will be provided to help vulnerable adults stay safe online

Risk Assessment

Risk assessments will be conducted for all activities involving vulnerable adults:

- Potential risks identified and documented
- Mitigating measures put in place
- Regular review of effectiveness
- Specific consideration of risks for particularly vulnerable individuals
- Additional precautions for higher-risk activities
- Consideration of communication barriers and how these will be addressed

Review and Monitoring

This policy will be reviewed:

- Annually
- Following any significant change in legislation or guidance
- Following any safeguarding incident
- When new activities or services are introduced

The review will be led by the Designated Safeguarding Lead and approved by the Board of Directors.

Appendices

Appendix A: Safeguarding Concern Form

CONFIDENTIAL

Date of report: _____ **Time:** _____

Your details: Name: _____

Position: _____

Contact phone: _____

Contact email: _____

Details of vulnerable adult: Name: _____

Date of birth: _____

Gender: _____

Address: _____

Phone: _____

Email: _____

Preferred language: _____ Interpreter needed?: Yes ☐ No ☐ Immigration
status (if relevant): _____ Any known disabilities, mental health issues or vulnerabilities:

Details of concern: Date of incident/disclosure: _____

Time: _____

Location: _____

Nature of concern: (Please tick appropriate boxes) ☐ Physical abuse ☐ Psychological abuse ☐ Sexual abuse ☐
☐ Financial/material abuse ☐ Neglect/self-neglect ☐ Discriminatory abuse ☐ Organisational abuse ☐ Modern slavery
☐ Domestic abuse ☐ Radicalisation ☐ Other (please specify): _____

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Reg.number: 16268519



Description of concern/incident/disclosure: (Please provide a detailed account, including exact words used where possible, description of any visible injuries, person's demeanor, etc. Continue on additional sheet if necessary)

Any witnesses? Yes ☐ No ☐

If yes, please provide details: Name: _____

Contact details: _____

Has the vulnerable adult expressed their views about what has happened and what they want to happen next?
Yes ☐ No ☐

If yes, please record their views using their own words:

Mental capacity assessment: Do you have any reason to believe the person may lack mental capacity to consent to actions being taken? Yes ☐ No ☐ If yes, please explain:

Consent: Has the vulnerable adult given consent to share this information? Yes ☐ No ☐ Unable to give consent ☐

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If no, please explain why information needs to be shared without consent:

Immediate actions taken: ☐ Emergency services called (e.g., ambulance, police) ☐ Reported to DSL/Deputy DSL ☐ Discussed with individual ☐ Safety measures put in place ☐ Other (please specify):

Details of actions taken, including dates and times:

DSL/Deputy DSL Use Only:

Date and time report received: _____ Actions taken:

Referral made to external agency? Yes ☐ No ☐ If yes, agency name: _____

Date and time: _____

Name of contact: _____

Reference number: _____

Feedback given to referrer? Yes ☐ No ☐ Date: _____

Signature: _____

Print name: _____

Position: _____

Date: _____

Please attach any additional notes to this form and securely store it in accordance with data protection procedures.

Appendix B: Useful Contacts

- Local Authority Adult Social Care
- Adult Safeguarding Team
- Police Safeguarding Unit
- Specialist services for refugee and migrant adults
- Mental health crisis team
- Domestic abuse services

Appendix C: Indicators of Different Types of Abuse

This appendix provides guidance on potential indicators of abuse. This list is not exhaustive, and the presence of one or more indicators is not proof that abuse is taking place. Staff and volunteers should be alert to these signs and report concerns using the organization's safeguarding procedures.

Physical Abuse Indicators

Physical Signs:

- Unexplained bruising, cuts, welts, burns, or fractures
- Injuries in various stages of healing
- Injuries that reflect the shape of an article used (belt marks, cigarette burns, etc.)
- Injuries not consistent with explanation
- Injuries to unusual body sites
- Unexplained or untreated pressure sores
- Injuries not consistent with the lifestyle of the adult at risk
- Clusters of injuries
- Person being medicated outside of prescribing instructions

Behavioral Signs:

- History of unexplained falls or minor injuries
- Change in behavior or mood
- Fear of specific individuals
- Withdrawn behavior, flinching when approached
- Inconsistent or implausible explanations for injuries
- Reluctance to undress or expose parts of the body
- Refusal to discuss injuries
- Wearing clothes that cover injuries, even in hot weather
- Refusal to accept medical assistance

Psychological/Emotional Abuse Indicators

Physical Signs:

- Weight loss or gain due to stress
- Stress-related physical symptoms (headaches, stomach pain)
- Sleep disturbance
- Unusual weight gain or loss

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- Signs of hair pulling or other self-harm

Behavioral Signs:

- Fear, depression, confusion, or agitation
- Passivity or resignation
- Changes in appetite
- Low self-esteem, deference, or apologies
- Unexplained paranoia or excessive fear
- Witnessed belittling, humiliation, or emotional blackmail
- Isolation from family and friends
- Changes in sleep patterns
- Inability to concentrate
- Loss of interest in activities or hobbies
- Unusual behavior or changes in behavior

Sexual Abuse Indicators

Physical Signs:

- Genital or anal pain, itching, or bleeding
- Bruising or bleeding in genital or anal areas
- Sexually transmitted infections or frequent urinary tract infections
- Pregnancy in a woman who lacks capacity to consent
- Difficulty walking or sitting
- Torn, stained, or bloody underclothing

Behavioral Signs:

- Sudden change in behavior or character
- Uncharacteristic sexual behavior or language
- Unusual difficulty in walking or sitting
- Withdrawing from touch
- Increased anxiety around particular people
- Self-harming behaviors
- Expressing feelings of being dirty or worthless
- Disclosure or partial disclosure
- Disturbed sleep patterns
- Depression or self-injury

Financial or Material Abuse Indicators

Physical/Observable Signs:

- Sudden inability to pay bills or afford essentials
- Missing personal possessions
- Unexplained withdrawals from accounts
- Unexplained shortage of money
- Disparity between living conditions and assets

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- Missing financial documents or statements
- Unusual banking activity
- Signatures on checks that differ from the adult's signature
- Recent changes to wills, power of attorney, or financial documents
- Sudden appearance of previously uninvolved relatives

Behavioral Signs:

- Anxiety about money or personal possessions
- Sudden changes in bank accounts or banking practices
- Unexplained or sudden withdrawal of funds
- Reluctance to accept help with financial affairs
- Being prevented from accessing own funds or possessions
- Being isolated from friends and family
- Lack of heating, clothing, food, etc.
- Expressing concern about money despite having sufficient resources

Neglect and Acts of Omission Indicators

Physical Signs:

- Poor physical condition (malnutrition, dehydration)
- Poor personal hygiene
- Pressure sores or unexplained weight loss
- Untreated medical or dental problems
- Unsuitable clothing for weather conditions
- Hazardous or unsafe living conditions
- Medication not given as prescribed

Behavioral Signs:

- Confusion
- Social isolation
- Person asking for basic needs to be met
- Unable to manage daily living tasks independently
- Deteriorating health despite care plan
- Extreme levels of anxiety
- Person reporting being left alone or unsupervised

Self-neglect Indicators

Physical/Observable Signs:

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing, or shelter
- Hoarding
- Living in unsanitary conditions
- Living in hazardous conditions (risk of fire, infestation, etc.)

- Neglecting household maintenance
- Poor health or untreated medical conditions

Behavioral Signs:

- Unwillingness to engage with services
- Refusing or cancelling appointments
- Inability to manage activities of daily living
- Refusing help or interventions when needed
- Social isolation
- Lack of awareness or denial of risks to health and wellbeing

Discriminatory Abuse Indicators

Physical/Observable Signs:

- Being excluded from activities
- Lack of respect for cultural or religious needs
- Lack of appropriate food, clothing, or care
- Segregation based on protected characteristics

Behavioral Signs:

- Expressions of anger, frustration, or distress
- Fear or anxiety around specific individuals or groups
- Being subjected to mocking, mimicking
- Use of derogatory language
- Withdrawn behavior or reluctance to engage
- Individual expresses feeling of worthlessness based on protected characteristic
- Unequal access to services or activities

Institutional Abuse Indicators

Physical/Observable Signs:

- Lack of flexibility and choice for people using the service
- Inadequate staffing
- Poor standards of care
- Rigid routines
- Lack of personal clothing and possessions
- Lack of privacy
- Communal use of toiletries/towels/clothes

Behavioral Signs:

- No individual care plans
- Poor record-keeping or missing documents
- Public discussion of personal matters
- Lack of respect for dignity and privacy

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- Absence of visitors
- Absence of choice in daily activities
- Authoritarian management or rigid regimes
- Lack of leadership and supervision

Modern Slavery Indicators

Physical Signs:

- Signs of physical abuse or untreated injuries
- Appears malnourished, unkempt, or withdrawn
- Isolation from the community
- Living and working in poor conditions
- Limited or no personal possessions

Behavioral Signs:

- Rarely allowed to travel alone
- Appears frightened or hesitant to talk to strangers
- Fear of authorities or law enforcement
- Passport or documents held by someone else
- Limited or no social interaction
- Limited contact with family or outside world
- Works excessive hours with few or no breaks
- Not having control of own money
- Limited or no knowledge of address or location

Domestic Abuse Indicators

Physical Signs:

- Bruising or injuries, particularly those difficult to explain
- Worsening health conditions due to stress
- Sleep disruption
- Patterns of frequent injury
- Substantial weight loss or gain

Behavioral Signs:

- Partner speaking for the person and insisting on staying close
- Isolation from family and friends
- Fear of partner or of making them angry
- Stop mentioning friends or family they used to talk about
- Cancelling appointments or meetings with agencies
- Fear of being alone with partner
- Appearing anxious, depressed, withdrawn
- Limited access to money, transportation
- Partner exerting excessive control over activities

Radicalisation Indicators

Behavioral Signs:

- Increasingly argumentative or refusing to listen to other points of view
- Unwilling to engage with individuals who are different
- Changing appearance and dress
- Becoming increasingly secretive, especially around internet use
- Changing friendship groups and losing interest in activities
- Downloading or viewing extremist content online
- Sympathetic to extremist ideologies and groups
- Embracing a them-and-us mindset
- Entering or intent on entering conflict zones

Special Indicators for Refugee, Asylum Seeker and Migrant Adults

Physical/Observable Signs:

- Living in poor, overcrowded, or unsafe accommodation
- Multiple adults registered at the same address
- Working in poor or dangerous conditions
- Movement in and out of premises at unusual times
- Transportation arranged by others
- Accompanied everywhere by another person who speaks for them
- Multiple or unclear identity documents

Behavioral Signs:

- Unwillingness to seek help from authorities due to fear of deportation
- Social isolation or restricted movement
- Signs of trauma (PTSD, flashbacks, nightmares)
- Excessive fear or anxiety
- Reluctance to engage with services
- Limited English proficiency, reliance on others to communicate
- Lack of understanding of local systems (healthcare, benefits, etc.)
- Fear of disclosing immigration status
- Relationships of dependency with those who may be exploiting them
- Expression of fear of a particular individual or group

Cultural Considerations

When assessing signs of abuse, it is important to:

- Be aware of cultural practices that might be misinterpreted as abuse
- Recognize that some cultural practices may be harmful despite being traditional
- Consider communication barriers that may mask or mimic indicators of abuse
- Be sensitive to different cultural understandings of disability, mental health, and capacity
- Use culturally appropriate interpreters when needed
- Avoid making assumptions based on cultural stereotypes

- Be aware that cultural factors may increase vulnerability to certain types of abuse

Remember: The presence of one or more indicators does not automatically mean abuse is occurring. Always report concerns through proper channels and allow the safeguarding process to make proper assessments.

Appendix D: Mental Capacity Assessment Guidance

Introduction to Mental Capacity

The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. The MCA applies to everyone involved in the care, treatment, and support of people aged 16 and over in England and Wales who may lack capacity to make decisions for themselves.

This guidance is designed to help Culturalinks staff understand how to assess capacity and make decisions in line with the Mental Capacity Act 2005.

The Five Key Principles of the Mental Capacity Act

All staff must work in accordance with the five key principles of the MCA:

1. **A presumption of capacity** – Every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proven otherwise.
2. **Individuals being supported to make their own decisions** – A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
3. **Unwise decisions** – Just because an individual makes what might be seen as an unwise decision, they should not automatically be treated as lacking capacity to make that decision.
4. **Best interests** – An act done or decision made under the Act for or on behalf of a person who lacks capacity must be done in their best interests.
5. **Least restrictive option** – Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

When to Assess Capacity

A mental capacity assessment may be needed when a person appears unable to make a specific decision at a specific time. Capacity assessments are:

- **Decision-specific** – Capacity is assessed in relation to a particular decision that needs to be made
- **Time-specific** – Capacity can fluctuate, so assessments relate to a particular time
- **Not based on age, appearance, condition or behaviour** – A capacity assessment cannot be made on the basis of a person's age, appearance, condition or behaviour alone

Two-Stage Test of Capacity

The MCA sets out a two-stage test of capacity:

Stage 1: Diagnostic Test

Is there an impairment of, or disturbance in the functioning of, the person's mind or brain?

This could include conditions such as:

- Dementia
- Learning disabilities
- Mental health conditions
- Brain injury
- Intoxication by drugs or alcohol
- Confusion, drowsiness or unconsciousness due to illness

If there is no impairment or disturbance, the person has capacity. If there is an impairment or disturbance, proceed to Stage 2.

Stage 2: Functional Test

Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?

A person is unable to make a decision if they cannot:

1. **Understand** the information relevant to the decision
2. **Retain** that information long enough to make the decision
3. **Use or weigh** that information as part of the process of making the decision
4. **Communicate** their decision (by talking, using sign language, or any other means)

A person fails the functional test and therefore lacks capacity if they are unable to do any one of these four things.

Conducting a Mental Capacity Assessment

Before the Assessment

1. **Consider timing:** Choose the best time of day for the person; consider when they are most alert.
2. **Consider location:** Choose a quiet, private, and familiar environment.
3. **Consider support needs:** Arrange for communication aids or interpreters if needed.
4. **Consider involvement:** Determine who else should be involved (e.g., family members, advocates).
5. **Gather background information:** Review relevant medical history or previous assessments.

During the Assessment

1. **Explain the purpose:** Clearly explain what decision needs to be made and why capacity is being assessed.
2. **Present information:** Provide relevant information about the decision in a clear, simple manner.
3. **Check understanding:** Ask the person to explain in their own words what the decision is about and the options available.
4. **Explore reasoning:** Ask open questions about how they reached their decision.

5. **Test retention:** Check if they can retain the information for long enough to make the decision.
6. **Document the process:** Record the questions asked, answers given, and your observations.

Communication Techniques

- Use simple, clear language avoiding jargon
- Break down complex decisions into smaller parts
- Use visual aids, pictures, or objects to support understanding
- Allow extra time and be patient
- Consider using interpreters or cultural mediators for those whose first language is not English
- Be aware of non-verbal communication including body language
- Repeat information if necessary and check understanding throughout

Assessing Capacity in People from Different Cultural Backgrounds

When assessing capacity for refugees, asylum seekers, or migrants:

- **Language barriers:** Ensure professional interpreters are used (not family members where possible)
- **Cultural concepts:** Be aware that concepts of mental health, decision-making, and autonomy vary across cultures
- **Trauma impact:** Recognize that trauma can affect cognitive functioning temporarily
- **Power dynamics:** Be sensitive to perceived power imbalances that may affect responses
- **Unfamiliar systems:** Remember that UK systems may be completely unfamiliar
- **Trust issues:** Individuals may have experienced systems abuse in their country of origin
- **Family decision-making:** In some cultures, important decisions are made collectively rather than individually

Making Best Interests Decisions

If you determine that a person lacks capacity to make a specific decision, any action taken must be in their "best interests." Consider:

- The person's past and present wishes, feelings, beliefs, and values
- The views of anyone named by the person to be consulted
- The views of anyone engaged in caring for the person
- The views of anyone interested in their welfare
- Whether the person might regain capacity and when
- The least restrictive option in terms of the person's rights and freedoms

Recording Mental Capacity Assessments

All mental capacity assessments should be clearly documented including:

- The specific decision being assessed
- The diagnostic test findings (impairment or disturbance)
- The functional test findings (understand, retain, use/weigh, communicate)
- The information provided to the person and how it was provided
- Questions asked and responses given
- Communication methods used and adaptations made

- Who was present and their role
- The conclusion regarding capacity
- If the person lacks capacity, what decision was made in their best interests and why
- Plans for review if capacity may fluctuate

Mental Capacity Assessment Template

Person's Name: _____

Date of Assessment: _____

Assessor's Name and Role: _____

Decision to be Made: _____

Stage 1: Diagnostic Test

- Is there an impairment of, or disturbance in the functioning of, the person's mind or brain? ☐ Yes ☐ No
- If yes, what is the nature of the impairment/disturbance?

Stage 2: Functional Test

1. Understand information relevant to decision

- Information provided: _____
- Method of providing information: _____
- Evidence of understanding/lack of understanding:

- Can the person understand the information? ☐ Yes ☐ No

2. Retain information

- Evidence of retention/inability to retain:

- Can the person retain the information long enough? ☐ Yes ☐ No

3. Use or weigh information

- Evidence of using/weighing or inability to use/weigh:

- Can the person use or weigh the information? ☐ Yes ☐ No

4. Communicate decision

- Method of communication used/attempted:

- Evidence of ability/inability to communicate:

- Can the person communicate their decision? ☐ Yes ☐ No

Conclusion ☐ The person HAS capacity to make this decision ☐ The person LACKS capacity to make this decision

If person lacks capacity, best interests decision:

How was this decision reached?

Who was consulted in reaching this decision?

How is this the least restrictive option?

Plan for review:

Signatures:

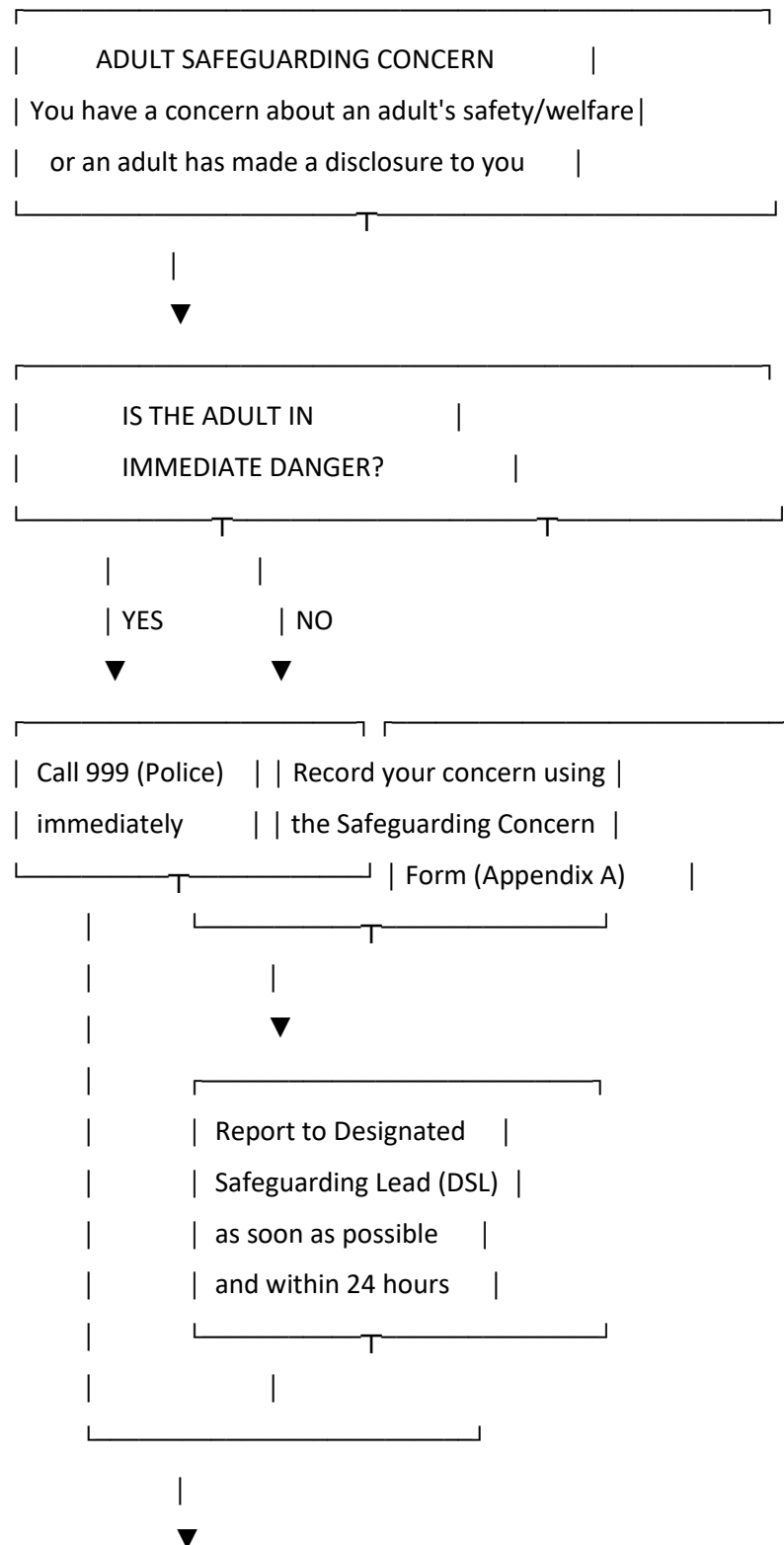
Assessor: _____ Date: _____

Witness (if applicable): _____ Date: _____

References and Further Guidance

- Mental Capacity Act 2005: <https://www.legislation.gov.uk/ukpga/2005/9/contents>
- Mental Capacity Act Code of Practice: <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- Office of the Public Guardian: <https://www.gov.uk/government/organisations/office-of-the-public-guardian>
- Social Care Institute for Excellence (SCIE): <https://www.scie.org.uk/mca/>

Appendix E: Flowchart for Reporting Concerns

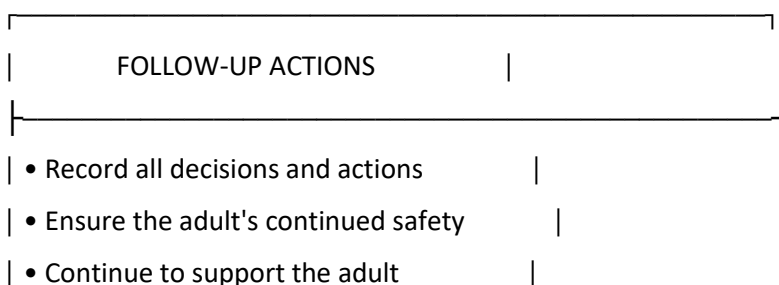
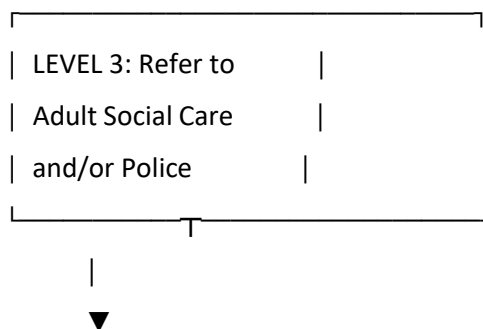
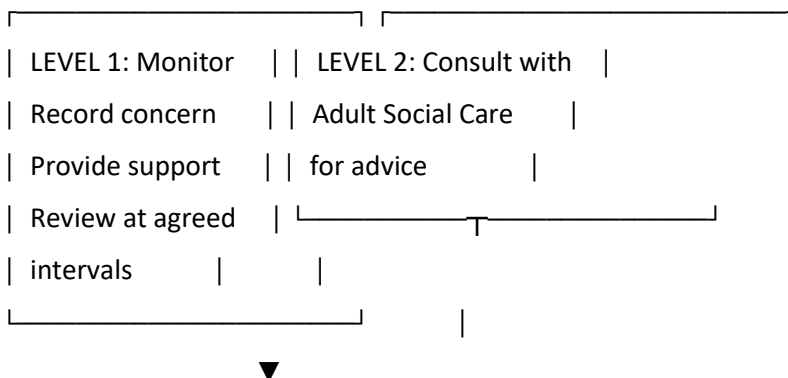
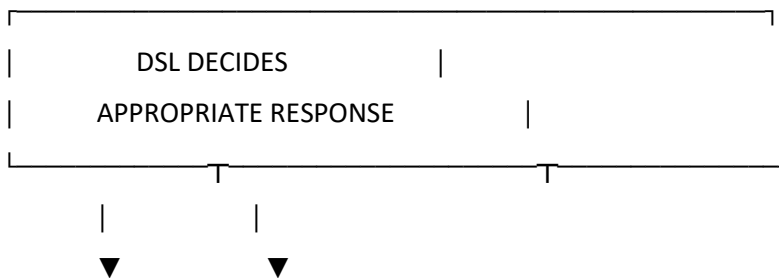
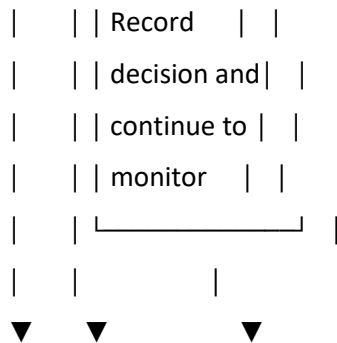


MENTAL CAPACITY	
Does the adult have capacity to make decisions about their own safety?	
YES	NO/UNSURE
▼	▼

Discuss concerns with the adult	DSL arranges mental capacity assessment if needed
Seek their consent for further action	
▼	

DOES THE ADULT CONSENT TO FURTHER ACTION?	
YES	NO
▼	

EXCEPTIONS TO CONFIDENTIALITY?	
YES	NO
▼	



- Follow guidance from Adult Social Care
- Attend safeguarding meetings if invited
- Monitor situation and update DSL regularly

IF ALLEGATION
IS AGAINST A STAFF MEMBER



- Report immediately to DSL (or Board Chair if allegation concerns the DSL)
- DSL/Chair contacts Adult Safeguarding team within one working day
- Follow advice regarding suspension, investigation and disciplinary procedures

EXCEPTIONS TO CONFIDENTIALITY

- The adult lacks mental capacity
- Others (including children) are at risk
- A serious crime has been committed
- Staff or volunteers are implicated
- There is a court order or legal authority
- The adult is at serious risk of harm

IMPORTANT CONTACTS

Website: www.culturalinks.co.uk

Email: hello@culturalinks.co.uk

Phone: 07785 742746

Reg.number: 16268519



DSL: [NAME] [PHONE]	
Deputy DSL: [NAME] [PHONE]	
Adult Social Care: [PHONE]	
Police: 101 (non-emergency) / 999 (emergency)	
Adult Safeguarding Team: [PHONE]	

Remember:

- If in doubt, always consult the DSL
- Mental capacity is decision-specific and time-specific
- Adults with capacity have the right to make their own decisions, even unwise ones
- Document all concerns and actions clearly
- Your responsibility is to report, not to investigate